

# DO/ EO WORKSHEET

Paralegal/ National Stage Division

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Application filed by : ☐ 20 months ☒ 30 months

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| <input type="checkbox"/> Article 19 Amendments  | <input type="checkbox"/> Request form PCT/RO/101  |
| <input type="checkbox"/> PCT/IPEA/409 IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____<br><input type="checkbox"/> PCT/IPEA/409 IPER was NOT AVAILABLE at the time of<br>paralegal review | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report : <input checked="" type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> OTHER _____<br><input type="checkbox"/> NONE |
| <input type="checkbox"/> Annexes to 409   | <input type="checkbox"/> Search Report References   |
| <input checked="" type="checkbox"/> Priority Document (s) No. <u>1</u>  | <input type="checkbox"/> Other : _____  |

## RECEIPTS FROM THE APPLICANT (other than checked above) :

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| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)  | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :<br>1. _____ 2. _____ 3. _____   |
| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract  | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on :<br>1. _____ 2. _____ 3. _____                              |
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| <input type="checkbox"/> Application Data Sheet  | <input type="checkbox"/> Verified Small Status Statement 1. _____   |
| <input checked="" type="checkbox"/> Power of Attorney/ Change of Address   | <input checked="" type="checkbox"/> Oath/ Declaration (executed)<br><input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship |
|  | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing   |
|  | <input type="checkbox"/> Other : _____  |

NOTES : ☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent  
Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

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